

**BEST AVAILABLE COPY**

<b>CLAIMS ONLY</b>						SERIAL NO.		FILING DATE		
						APPLICANT(S)				
CLAIMS										
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*	*	*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.				IND.
1							51			
2							52			
3							53			
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45							95			
46							96			
47							97			
48							98			
49							99			
50							100			
TOTAL IND.	3									
TOTAL DEP.	11									
TOTAL CLAIMS	14									

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS